

**Virginia Department of Social Services  
Institutional Review Board**

**CONTINUATION REVIEW**

*Please complete this form for multi-year studies that were reviewed initially, on an annual basis.*

Project Title	ID Number <i>(State Use Only)</i>
Name and Title of Principal Investigator	E-Mail Address
Address	Telephone Number
Name and Title of Local Department of Social Services Collaborator or Contact (if included in study and different from Principal Investigator):	E-Mail Address
Address	Telephone Number
<p>Please complete <b>either</b> Section I or Section II.</p> <p><b>Section I.</b> This study does <u>not</u> require a continuation review because:</p> <div style="margin-left: 40px;"><p>It is no longer in progress.</p><p>It was recently reviewed for continuation on (date): ____ / ____ / ____ / .</p><p>It was never started.</p><p>Other (please specify):</p><p>_____</p></div>	
<p><b>Section II.</b> For studies that require a continuation review:</p> <ol style="list-style-type: none"><li>1. How many subjects are included in the study?</li> <li>2. Are you aware of any adverse events or unanticipated problems involving risks to subjects or others, including breach of confidentiality, withdrawal of subjects, or complaints about the study?</li></ol> <div style="margin-left: 40px;"><p>Yes                      No</p><p><i>If Yes, please explain:</i></p></div>	

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3. Please summarize any recent literature, findings, or other relevant information, especially information about risks associated with this research, of which subjects should be made aware.

Have subjects been informed of this information?

Yes

No

*If No, why not? When will they be informed?*

4. Have there been any changes in the Informed Consent form?

Yes

No

*If Yes, please submit a copy of the revised form.*

5. Have there been any significant changes in your research protocol from the original?

Yes

No

*If Yes, please describe:*

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Signature of Principal Investigator	Date
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If submitting an electronic copy of this form and any supporting documents, please send to: [irb@dss.virginia.gov](mailto:irb@dss.virginia.gov). If mailing paper copies of the completed form and supporting documents, please send to: IRB Coordinator, Institutional Review Board / Office of Research, Virginia Department of Social Services, 7 North Eighth Street, 5<sup>th</sup> Floor, Richmond, Virginia 23219-3301.